## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as miniciated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

Z6119 KLARQUIST 121 S.W. SALM SUITE 1600 PORTLAND, O	SPARKMAN LL ION STREET	5/2010 P				FILED V APRIL 6	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/826,971 TITLE OF INVENTION	04/15/2004 : MULTI-LAYER RUN	N LEVEL ENCODING A	Jie Liang ND DECODING		338	82-67641-01	1184
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	04/06/2010
EXAM	EXAMINER		CLASS-SUBCLASS	1			
WERNER,	DAVID N	2621	375-240230	,			
☐ "Fcc Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSIG	ondence address (or Che 3/122) attached.  ication (or "Fee Address 2 or more recent) attach  ND RESIDENCE DAT.  css an assignee is ident in 37 CFR 3.11. Com  gNEE riporation	inge of Correspondence  " Indication form ned. Use of a Customer  A TO BE PRINTED ON "	2. For printing on the p (1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or 1 2 registered patent atto listed, no name will be IHE PATENT (print or try data will appear on the p T a substitute for filling an (B) RESIDENCE: (CITY Redmond, W	3 registered patent rely, c firm (having as a regent) and the name meys or agents. If no printed.  tel it is a said of the sai	members of up o name	a 2	Sparkman, LLP
4a. The following fee(s) are submitted:  3 Issue Fee 3 Issue Fee 4b Advance Order - # of Copies 4d Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ a check is enclosed. ② Payment by credit eard. ③ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4550				
5. Change in Entity Stat	tus (from status indicate s SMALL ENTITY state		D		F10 (mm)		
			b. Applicant is no long d from anyone other than the Office.				
Authorized Signature / Kyle B. Rinehart /  Typed or printed name Kyle B. Rinehart				Date April	16, 2	010 7,027	
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